



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE CENSUS AND THE PUBLIC HEALTH MOVEMENT

BY CRESSY L. WILBUR,

Chief Statistician of Vital Statistics, Bureau of the Census, Washington, D. C.

The Bureau of the Census, which is one of the bureaus constituting the Department of Commerce and Labor, is the only Federal agency that deals with the collection, compilation and publication of general vital statistics for the United States.

Through its division of vital statistics—one of the five divisions into which it is at present organized—it receives returns of births and deaths monthly from such states and cities as afford registration data in satisfactory detail, and sufficiently complete with respect to the total number registered to repay compilation.

The other divisions of the Bureau of the Census, as constituted for the three years of the “decennial census period” ending June 30, 1912, during which time the thirteenth census (1910) is to be taken and its results published, are those of population, agriculture, manufactures, and methods and results. One of these, the Division of Population, bears an especially important relation to vital statistics, because its data, the statement of the number of persons living in every portion of the United States, with full details of sex, age, color, civil condition, nationality, parent nationality, etc., form the indispensable basis with which the returns of births and deaths derived from registration records must be compared in order to compute vital rates.

Importance of an Accurate Census of Population

Hence, first of all in the activity of the Bureau of the Census relating to vital statistics, we must place an absolutely correct census of population, or at least as correct a census as ordinary human agencies operating with the best means at our disposal and with honesty of purpose and method may be able to obtain.

The recent census, taken as of April 15, 1910, is the most perfect and complete census that has yet been taken in the history

of the Federal Government. The fact that the census has refused to accept padded returns from certain localities may have cast doubt in the minds of some upon the correctness of the census as a whole. It is very unfortunate, indeed, that local dishonesty, which has probably existed to some extent in previous censuses, should thus cast a stigma upon the work, but it is evident that no better method for the correction of such abuses is available than full publicity and prosecution of the individual offenders. Otherwise the erroneous returns of population may be used for years to come as the basis of lying rates, which the officials printing them should know to be fraudulent, although they may claim—in the absence of full investigation and rejection on the part of the Government—as in an advertising pamphlet that recently came to my attention that “*Government statistics place ————— among the healthiest cities in the United States.*” So “Government statistics,” based on a dishonest enumeration of population, did; and it is a satisfaction, indeed, that a correct count of population in 1910 relegates this city to its proper position with respect to mortality rates.

Certain cities for which the populations as first returned have proved to be grossly overstated should be thankful that correct rates will be available for 1910 and subsequent years, and that their figures will not be discredited by extravagantly low rates of mortality such as carry conviction to no one competent to judge of vital statistics. Aside from its dishonesty, the policy of overstatement of population is a short-sighted one, because the next census must likewise be padded, and in the same proportion, which means in greater numerical amount, unless a falling off in the rate of growth is to appear. And in passing from a dishonest to an honest census, an increasing rate of mortality might be shown for intercensal years, when the actual rate was constant or decreasing, so that an effective sanitary administration might be discredited by erroneous rates based upon false population returns made years before. There are ways, known to certain health offices, by which even a handicap of this kind could be temporarily overcome, and by rejecting various classes of deaths, with increasing latitude from year to year, the figures can be “juggled” to show almost any desired reduction of mortality as a whole or for certain diseases. But there will be less of this done in future, because the registration officials of the United States have now organized and adopted cer-

tain standard "Rules of Statistical Practice," which are approved and enforced by the Bureau of the Census in the transcripts collected by it and compiled for its annual reports on mortality statistics, so that a sharp discrepancy will at once appear between the census figures and those of any office that fails to make a complete and correct compilation.

A correct enumeration of population every ten years is thus seen to be the absolutely indispensable basis of correct vital statistics for the United States. In fact, this period is too long, because it is impossible to interpolate, with entirely satisfactory precision, estimated populations for the intercensal years that lie between the decennial enumerations. This is true for all countries, but is especially true for the United States, with its rapid and unusual growth in certain localities, so that it is very much to be desired that an interdecennial enumeration should be taken. This is already provided for in some States, and the practice should be made general.

Collection of Vital Statistics by the Census

Coming now to the more immediate activity of the Bureau of the Census with respect to the subject of vital statistics, it is a somewhat astonishing fact that the Federal Government has no authority, under the Constitution of the United States, directly to collect vital statistics, through the absolutely necessary means of registration of births and deaths, except in the District of Columbia, which is entirely under Federal control.

Provision was made for the first census (1790) of the United States by the Constitution so that "representatives and direct taxes shall be apportioned among the several States which may be included within this Union, according to their respective numbers," and further enumerations were authorized "within every subsequent term of ten years." Although the word "census" does not appear in the constitutional provision (Article I, Section 2), nor in the organic act providing for the first enumeration of population of the United States, there was thus instituted the line of decennial censuses which have now been taken regularly for one hundred and twenty years. The United States was the first country in the world to provide for a regular periodical enumeration of inhabitants, an example which has now been followed by practically all civil-

ized nations. It may be said, indeed, that the establishment of a regular census of population and the registration of vital statistics are the first steps taken in placing a country upon the plane of modern civilization. While the United States led the world with respect to the census of population, we still rank with the most unprogressive and semi-civilized countries as concerns the registration of births and deaths.

As stated in the work from which some of the preceding facts have been taken,¹ the provision authorizing a decennial census "was embodied in the Constitution for political purposes wholly, and with no thought for providing for any systematic collection of statistical data beyond the political necessities of the Government." There was certainly no thought of providing a basis for vital statistics, nor of furnishing material for the purpose of protecting the public health. Indeed, such a matter as the "public health" was entirely without the purview of the fathers of the republic, and lay unrevealed in the womb of the future. Not until the awakening to the unnecessary destruction of human lives and the beginning of modern sanitation in England in the 40's of the last century, based upon the data collected by the first modern registration law for vital statistics, namely, that passed for England and Wales in 1836, did it enter into the conception of the State that one of its chief functions was the protection of the lives of its inhabitants not only from foreign foes, but also from the more deadly and dangerous enemies of disease. Even to-day the sole authority that the United States Public Health and Marine Hospital Service attempts to exercise within the United States, aside from its peculiar function as related to the medical care of merchant seaman and in cooperation with state authorities acting under state constitutions that provide for the protection of the health of States, is derived from the provision of the Constitution permitting the Federal Government to regulate interstate commerce. Only as epidemic diseases interfere with the interstate movement of property, no matter how inefficient may be the state control of a dangerous disease, can the Federal Government intervene to protect the people of the United States.

Such a condition might well be considered intolerable, were it

¹ *History and Growth of the United States Census, 1790-1890*, by Carroll D. Wright and William C. Hunt.

not largely ameliorated by the cordial cooperation of state authorities in times of danger, as when yellow fever menaced New Orleans and the plague was to be stamped out in San Francisco, with the United States Public Health and Marine Hospital Service. Such cordial cooperation exists also with respect to the registration of vital statistics, and much of the progress made in recent years is due to the harmonious action of the state and city authorities with the Bureau of the Census. It is possible that stronger and more direct agencies, were they permissible, would accomplish little more, because an essential requirement in the establishment of effective registration work under our form of government is that the people shall understand its importance, and therefore support it in operation. A law without moral support cannot be thoroughly enforced in the United States.

One of the first results apparent from the national registration law that went into effect in England in 1837 was the light cast upon the conditions affecting mortality. We may justly consider the modern public health movement, that has now become perhaps the most characteristic feature of the twentieth century, a necessary consequence of the attention given to mortality statistics. In the First Annual Report of the Registrar-General of Births, Deaths and Marriages in England, London, 1839, we are struck at once with the practical sanitary importance of the deductions made by the editor, Dr. William Farr, who at once placed the work upon the firm basis, from which, through the successive annual reports for over seventy years, it has not departed. As an immediate result of such statistical information, which replaced the old haphazard guesses and inferences derived from the limited scope of bills of mortality, the progressive movement for the improvement of public health was begun, which is now proceeding in almost every country of the world with yearly accelerated pace. The impulse was rapidly transmitted to this side of the Atlantic long before any state or even city boards of health were established. Its results are recorded in the annual registration reports of Massachusetts, prepared under the Act of March 3, 1842. The best medical talent and the most progressive minds appear to have been enlisted by the Secretaries of State of Massachusetts for the preparation of these early Massachusetts reports.

The almost unanimous opinion of practical public health work-

ers in all countries is that accurate vital statistics are the absolutely necessary foundation of effective public health work. What is the reason, then, after recognition of this fact, that vital statistics are not to-day as completely and accurately registered in the United States as in most other countries?

History of Efforts of the Census to Collect Vital Statistics

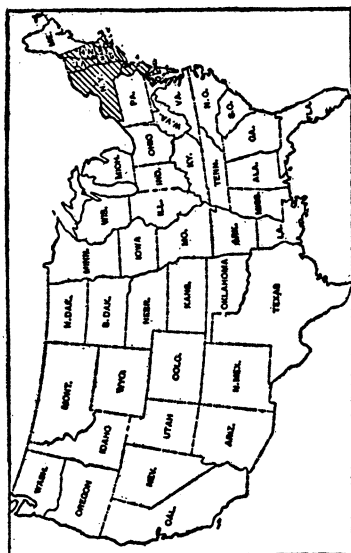
As a result of the establishment of early systems of registration, first in Massachusetts, and then in other states, much interest was aroused on the subject in various parts of the country, and provision was made in the act for the seventh census (1850) for the inclusion of the subject of mortality statistics.

The report clearly indicated the difficulty, which is an absolutely insuperable one, of collecting vital statistics by enumeration after the close of the year to which the data relate. No accurate statistics can be obtained in this manner, and the successive experiences of the eighth census (1860), ninth census (1870), tenth census (1880), eleventh census (1890), and twelfth census (1900), only served to confirm the opinion expressed in this original report of 1850, that mortality figures based upon enumerators' returns were incomplete and might be misleading. It was not until the thirteenth census (1910), however, that the method of attempting to obtain mortality statistics by enumeration of deaths at the time of taking the general census of population was entirely done away with.

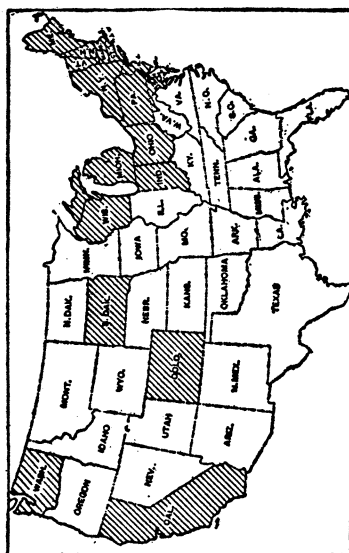
The discarding of the antiquated and pernicious method of enumerating deaths was made possible by the extension of proper methods of registration. Registration of vital statistics is a method sharply distinctive from the method of enumeration. By registration of a birth or death is meant the immediate recording of the same. That is to say, for deaths it is necessary that a compulsory provision of law be enforced that no human body shall be interred, removed from the place at which death occurred, or otherwise disposed of, until a proper legal and statistical record has been made. Such a provision can be enforced only by means of a compulsory burial or removal permit. In like manner, complete birth registration depends upon prompt reports by physicians or midwives not over ten (10) days after the occurrence of the birth, and with some method of checking failures to report. For both

INCREASE IN THE NUMBER OF REGISTRATION STATES

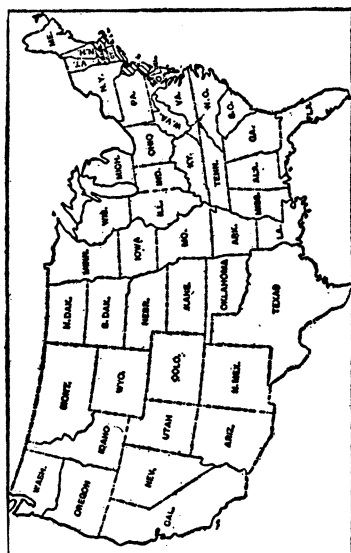
1890



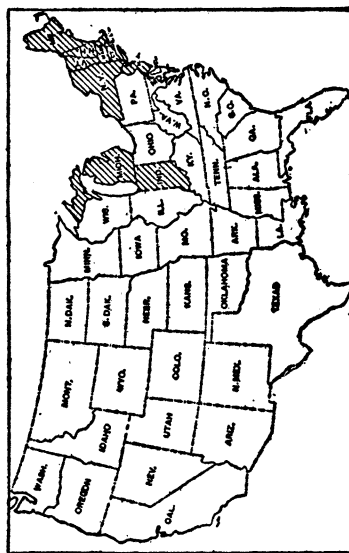
1910



1880



1900



births and deaths the essential condition for efficiency is the enforcement of the law by means of the penalties therein provided.

Extension of the Registration Area

The foregoing map shows the growth of the registration area for deaths from the date of its establishment under the tenth census (1880), when it consisted only of two registration States, Massachusetts and New Jersey, and a few independent registration cities, with an aggregate population amounting to only seventeen per cent. of the total population of continental United States, up to the present time, when it includes something over one-half of the total population of the country.

An account of the development of the registration area may be found on page 18 of the little Physicians' Pocket Reference to the International List of Causes of Death, a copy of which has been sent to every physician in the United States, to medical students, health officers of states and cities, and local registration officials, and which will be sent by the Director of the Census upon request to any person interested in the movement for better vital statistics. It illustrates incidentally a most important feature of the practical work of the Bureau of the Census since its permanent organization, namely, missionary work for the extension of the registration area both for births and deaths. The crying need for this work is well expressed by the introductory paragraph of the letter of transmittal of the Director of the Census to the Secretary of Commerce and Labor:²

It seems to me that there is almost nothing more important in the entire field of statistics than vital statistics, because of their direct bearing upon the health and consequent welfare of the people. It certainly is both strange and shameful that the United States should be so far behind the other leading countries of the world in the registration of deaths, and even more so in the registration of births.

Prior to the organization of the Bureau of the Census upon a permanent basis in 1902, it was impossible for the census authorities to make any systematic effort for the improvement of registration methods. The law providing for the decennial census was usually passed at the latest possible moment, and it was then neces-

² Physicians' Pocket Reference, page 2.

sary to organize anew, without any nucleus of a permanent staff, the immense force necessary for the taking of the census of population, agriculture and manufactures, within a brief time. Little, if any, preliminary attention could be given to the methods of collection of the data of vital statistics, nor was it feasible to attempt to introduce uniform methods. Such methods could only be adopted by the concerted action of state and city registration officials, and the time available between the passage of a decennial census law and the completion of the census was too brief to enable such an organization to be completed. Hence the work of the Federal Census in mortality statistics had comparatively little influence on the development of registration methods in the state and city offices until the census was placed upon a permanent basis, and began the compilation of annual, not merely decennial, reports on vital statistics. At once a new era began and the possibility of uniform and more efficient methods was suggested.

One of the first steps taken by the Bureau of the Census in this direction was the adoption of the international classification of causes of death, which had already been accepted by the leading state and city offices of the United States, as the system to be employed in the annual reports on mortality statistics beginning with the calendar year 1900. The Bureau of the Census prepared a Manual of the International Classification, and took an important part in the second decennial revision held by the French Government at Paris in 1909, at which a special census commission, appointed under the first public act passed by the Sixty-first Congress, was present. This commission was appointed by the Director of the Census, and contained representatives of the Committees on Nomenclature and Classification of Causes of Death of the American Medical Association and the American Public Health Association, the latter representing, through its section on vital statistics, the organized registration officials of the United States. Attention should be especially called to the latter body. By the formation of a section on vital statistics in the American Public Health Association, an organization which, from its history and influence on practical sanitation in the United States, may be taken as the most representative body of sanitarians in this country, it became possible for the first time to deal with a tangible body of statistical workers, with power to act and to carry out

plans for the improvement of vital statistics in the United States. This is accomplished by means of rules of statistical practice (see Bulletin 108, Mortality Statistics, 1909, pages 37 to 42), which embody definite decisions upon important statistical methods, and include, among other recommendations, the use of the United States Standard Certificate of Death, as revised at Richmond in 1909, for use beginning January 1, 1910, a primary schedule which places the collection of the original returns of death upon a basis of uniformity. Uniform rules and instructions to be given by state and local registration officials are provided, so that physicians and others who make reports upon these certificates may do so in a uniform and comparable manner. The use of such a schedule is necessary if we are to have comparable statistics for the country as a whole, and it may be considered one of the chief results accomplished by the census that at the present time nearly 67,000,000 of the population of the country are represented by offices that either use or recommend the standard blank.

Approval of the Congress of the United States

Although the collection of vital statistics has formed a part of the decennial census since 1850, it cannot be said that Congress or the Federal Government generally, except the bureau that had the matter immediately in charge, has ever taken a very active interest in the improvement of our vital statistics.

The general interest in vital statistics that was awakened in this country during the early 50's, and which is suggested by the list of states that passed registration laws, was utterly dissipated by the intense political excitement of the later 50's and by the civil war. The cause of registration was set back at least a decade, and perhaps twenty years, and it was not until the later 60's and during the 70's that attention began to be given again to the subject of public health.

Many state boards of health were constituted about that time, and as a part of their functions the subject of vital statistics was usually included. The earlier legislation had established the collection of vital statistics under some officer of the state government, usually the Secretary of State. There were then no state boards of health. This was the case in Massachusetts, Michigan, Ohio,

Pennsylvania, Vermont, and in the Southern States where registration laws were enacted.

At the present time the collection of vital statistics is conducted by the state sanitary authorities in all States except Massachusetts, Michigan, Ohio, and South Dakota. Registration work is recognized by all practical sanitarians as the absolutely necessary basis of efficient public health service, but it is not always certain that our state boards of health, as at present constituted, will give more effective administration of registration laws than if they were placed under some other department of the state government. In all cases, of course, such work should be under medical direction, because the most important data are furnished by physicians with whom it is necessary for the central office to be in constant correspondence. Such work is medical work, and it is very desirable that special training therein should be given in our advanced medical schools, so that accomplished vital statisticians may be available for the public service, in addition to the general instruction in vital statistics that every medical student should receive. Such special knowledge should be an essential part of work for the degree of Doctor of Public Health (D. P. H.). In the practical conduct of registration matters the state boards of health have in many cases been woefully neglectful of their duties with respect to registration simply from ignorance of its importance and its fundamental relation to their work.

The general approval by Congress of the movement for better vital statistics was shown by a joint resolution adopted by Congress in 1903:

"That the Senate and House of Representatives of the United States hereby expresses approval of this movement, and requests the favorable consideration and action of the state authorities, to the end that the United States may attain a complete and uniform system of registration."

This resolution has been of very great service in calling the attention of governors and state legislatures to the importance of registering vital statistics. It is unfortunately true, however, that Congress has neglected to secure in that area over which it has sole control, namely, the District of Columbia, that uniform and complete system of registration which it recommends to the states. This applies more especially to the registration of births, which is

even at the present time (1911) admitted by the District Health Officer to be incomplete, and appears not to comprise much more than ninety per cent. of the births that actually occur. That is to say, after many years of registration in the city of Washington, which is coterminous with the District of Columbia, one birth out of every ten that occurs may fail to be registered! Congress has ample power to frame a law that will secure the registration of practically every birth that occurs in the District of Columbia, and it has ample power to secure the enforcement of such a law so that it might serve as a model that could be followed by other cities of the United States, of which there is not one at the present time with complete birth registration.

The District has not so far adopted the Standard Certificate of Death which has been such a great factor in the standardization of the mortality statistics, but there is a prospect, with the cordial recommendation of the District Health Officer, that use of the standard blank will be provided for in the city of Washington in the near future. The difficulty in securing the introduction of standard methods and of complete birth registration in the District of Columbia, under the direct control of the Federal Government, shows how difficult it is to secure the adoption and enforcement of proper registration laws in States, some of which are sparsely settled, some of which have a very large proportion of illiterate population, and many counties remote from railroad communication, when the desirable purposes indicated in the resolution of Congress cannot be carried out in practice in the Federal District itself.

*Obstacles to the Extension of Proper Registration Methods and
How They Can be Overcome*

In taking a general view of the progress of the movement for the extension of adequate registration methods in the United States, the question arises as to what are the chief obstacles that prevent the general introduction and enforcement of adequate registration laws so that the United States may become at once, or within a very short time, abreast with the other civilized countries of the world in this respect.

The first and most important obvious difficulty has already been pointed out, namely, that no uniform law can be passed for

the entire country, but the individual and harmonious cooperation of forty-eight different state legislatures and of Congress itself (for the District of Columbia) must be sought. No person who has followed the efforts of the American Bar Association and the Commissioners on Uniform State Laws will fail to recognize the great difficulties in securing the enactment by the several States of uniform laws respecting some comparatively simple matters of legal procedure. When we consider the inherent difficulties of enforcing a registration law in a state that has never had legislation on this subject, and in which undertakers and other persons are accustomed to dispose of the bodies of the dead without let or hindrance from legal authority, it will rather be a matter of surprise that so many states have adopted, within the last ten years, laws for the registration of vital statistics that are substantially identical in principle, and in many cases in wording, with the model law. At the present time the movement for the introduction of uniform registration laws has met with more actual success than any other movement of equal scope for uniform legislation.

It is easy to secure the passage of registration laws in comparison with the difficulty of securing thorough enforcement of them when passed. The duty of enforcing such laws has been largely entrusted to the state boards of health. These bodies are composed mostly of physicians, who are appointed, in many instances, on account of their political prominence rather than because of any special knowledge or education in public health methods. Some of the members of such boards may be entirely ignorant of the importance and necessary principles of effective registration, and even the executive officers, who are usually the secretaries of the state boards of health, may enter upon the practical work of enforcing a state registration law without any previous knowledge or training whatever in vital statistics. It is remarkable and very fortunate that some public health officers, both of States and cities, have taken up the subject with interest, developed it with enthusiasm, and have done their best under existing conditions to secure enforcement of registration laws. It is easy to see, however, that when a test case arises and the state registrar undertakes to enforce the penalty of the law, that he may be hampered by the appeal of the delinquent individual, who has violated the law and who ought to be punished, to some members of the

board or to political authorities, and as a result thereof the law may practically be nullified and remain unenforced.

The failure to enforce registration laws is almost universal in this country with respect to births. In only one State in the Union (Pennsylvania) has there been any continued and persistent effort, on a state-wide basis, to enforce the law requiring physicians and midwives to report all births. The effort has been attended with marked success, and it is hoped that the example will be followed by other States. Even our largest and most densely populated States are delinquent in this respect, and it has been found under some registration laws that the delinquency was greater in the cities than in the rural districts. Until within a few months no effort has been made to secure complete registration of births by systematic enforcement of the penalty of the law in even the largest city of the United States and the second largest city in the world. The first recommendation of the Advisory Board, recently appointed by Commissioner Lederle to consider the vital statistics of New York City, was as follows:

The most important improvement which it is now ready to urge is the adoption of the following means for securing the thorough registration of all births:

1. Verification of the birth registration of every infant dying under one year of age in order to detect omissions.
2. Strict enforcement of the law providing a penalty for an omission to record a birth in every case thus brought to light.

This recommendation was at once adopted by the Board of Health, a number of prosecutions have been conducted, fines collected, and it is likely that a beginning has been made for more thorough and complete municipal registration of births in this country.

The great difficulty in securing complete birth registration, which can only be accomplished by the enforcement of the law and the prosecution of the comparatively few delinquents, is the fact that the health officers are dependent upon their popularity with the medical profession, both for appointment to the offices that they hold, in some cases, and for help in carrying out various methods of sanitation which they deem of greater importance than the thorough registration of vital statistics. It is necessary, therefore, that the health officials of the United States be educated as to

the fundamental importance of correct vital statistics, and brought to realize the fact that more can be gained in the long run by establishing a sound basis of registration than by following one pet fad this year and another the next without any correct knowledge as to their actual results.

The paper by Samuel H. Adams, in "The Survey" for the week of December 17, 1910, entitled, "Mixing Hygiene with Politics," or "Tomfoolery with Public Health," indicates how dangerously the various functions of a public health office, whether state or municipal, may be twisted or may be warped to the public detriment. This is especially true of the practical conduct of vital statistics, which is often relegated to an untrained and totally incapable person. The resulting worthless data may then be used by an equally untrained health officer, so that the public and press may be entirely deceived as to the actual conditions. No help can be expected from services of this character in the thorough enforcement of registration laws, because such thorough enforcement will tend to disprove the fallacious data and conclusions presented.

An effort has been made to improve the general condition of vital statistics in the United States by building up an effective organization of registration officials, and by so doing to improve the *morale* of the service, and its standing as a necessary practical division of public health service. The attempt has been to some extent successful, and the rules of statistical practice have already justified themselves in practical use. Some registration officials will continue to neglect or ignore them, and there is, of course, no compulsion for their use, except through the general education of public and statistical opinion, so that the worthlessness of some of our present municipal reports will cause a demand for their immediate abolition or reform. It is, indeed, only by building up public and professional sentiment by continually pointing out the importance of accurate registration and by teaching the public generally, and the medical profession more particularly, to condemn lax and inefficient methods, that marked improvement can be secured in the United States under our present conditions. The hearty cooperation of the American Medical Association, the American Public Health Association, the American Federation of Labor, and the beginning cooperation of the American Federation of Women's Clubs, are significant of the commencement of better things.

The census has been for many years as the voice of one crying in the wilderness, and its heretofore neglected appeals are only recently beginning to bear fruit in effective and enforced legislation. It will be many years to come, however, at the present rate of progress, before we can expect complete registration of vital statistics, including both births and deaths, for the entire United States. Not only the nations of Western Europe have long surpassed us in this respect, but also the nations of the Orient may perhaps do so. Japan has maintained for many years most excellent reports on the movement of population and statistics of causes of death embracing the entire empire. These were established very soon after the adoption of the most important methods of western civilization, and the annual reports surpass anything that will be possible for the United States at the present rate of progress for half a century to come. China has just taken its first census, and very likely will proceed to the establishment of a registration system. The new government of Turkey will doubtless proceed to remove the reproach that has heretofore rested upon that country in this respect.

Perhaps the fundamental difficulty lying at the root of our trouble in securing accurate vital statistics for the United States, and, more particularly, complete statistics of births even for cities where registration systems have been established for many years, is the American's disregard of law. Neglect of the requirements of law would seem to be a general characteristic of the American people, and the failure and neglect of vital statistics laws are only special cases. How can one expect that provisions for registration of births and deaths—the importance of which is not fully appreciated even by some physicians, let alone the people generally, the bar, and the courts—should be enforced when crimes of active violence may not be punished? Every American assumes, in his own person, to be a court of last resort, so far as passing upon the desirability or expediency of any legal provision with which he may come into conflict. If it agrees with his habits of thought to submit to the law, very well; and if not, he calmly pronounces it “unconstitutional,” and it practically becomes unconstitutional for him in the majority of cases, because the officials charged with the enforcement of the law may not care to take the necessary trouble, or they may be afraid to institute the necessary legal proceedings, for the imposition of a fine or other penalty.

There is some ground, indeed, for the disrespect that American citizens have for laws, because of the absurd number of statutes that are ground out biennially by the legislatures of the different states. Many of these laws are ill considered and not practical in operation. Even the members of the legislatures that pass them do not expect them to be enforced. The United States, in spite of its lack of effective registration, has been plastered over with laws for the registration of vital statistics, many of which could have been known to be worthless and ineffective before the governor's approval was secured, just as well as after years of ineffective operation.

It has been one of the most important tasks of the Bureau of the Census to aid in the proper understanding of the essential principles that should govern in the construction of registration laws for births and deaths, to advise state sanitary officials and committees of legislatures in regard to the proper construction of such laws, and to deter, as far as possible, the passage of too highly specialized and comprehensive laws in states in which there is no reasonable probability of securing full enforcement and satisfactory results. Persons who become interested in vital statistics, and to whom the knowledge of the lack of registration in their own states comes for the first time with the effect of a sudden shock, not infrequently desire to remedy the evil all at once by "passing a law," and expect some sort of a miracle to be worked by which, with the utmost laxity of administration and with perhaps altogether inadequate financial provisions, their state may come at once to be accepted as a part of the registration area.

We have few miracles nowadays, and it seems better and more reasonable to institute legislation only so far as it can be carried out. This advice, however, is not often accepted, and usually the cry is insistent for a complete law. The only instances in which the progressive method has been employed are in the cases of Michigan, which passed its death registration law in 1897, and later, in 1905, after the law for the immediate registration of deaths had proved itself a success, instituted a similar law for the immediate registration of births; and the State of North Carolina, the first state in the South to institute a modern registration law in 1909, but which, in the wise judgment of Dr. Richard H. Lewis, was restricted to the complete registration of deaths, by burial permits,

in municipalities of 1,000 population and over, with a provision making the mayor responsible under penalty for thorough enforcement of the law. The law is now in operation, and will be extended to cover the entire state, and to include births, just as soon as the results justify such action.

Hope for the Future

We have seen how many obstacles intervene in the way of bringing the United States to the position occupied by other countries with respect to the recording of the data of vital statistics. There is a brighter prospect, however, in the awakening public interest and the special attention that has been given to the importance of this subject as the fundamental basis of the conservation of human life and the movement for a national Department or Bureau of Public Health.

All the effort for better health administration in the United States, and for the establishment of a national public health service, is more or less directly an effort for better vital statistics in the United States. This is true, because a public health service, whether of a city, of a state, or of a nation, is a cripple without dependable vital data. The duty of such a national public health service would be to see whether more could be done than has been done by the Bureau of the Census to bring about the complete registration of vital statistics in the United States, under a uniform system, and so related to the Federal service that the results might be utilized promptly and with full confidence. Nevertheless, in all the discussions and arguments on this question, including the outline of bills for the organization of such a service, little practical attention was given to the subject, and no suggestions whatever were presented as to any means by which better registration can be obtained in the United States.

The same neglect, in fact, that now hampers the efforts of the state and city offices that fail to make use of their vital statistics, and to insist on the thorough enforcement of their laws seems to attend the representations made with respect to the Federal service. A Federal health department would have no more legal authority to register births and deaths directly than has the Bureau of the Census, and certainly no more cordial cooperation could be desired than has been given by the state, and by nearly all city health

authorities to the movement for better and more comparable vital statistics. Perhaps the enthusiasm attending the creation of a new department would cause some additional activity, but spasmodic interest alone will not cause state legislatures to enact, and state sanitary authorities to enforce, laws that Congress itself is apparently unable to carry out for the District of Columbia. Nevertheless, I believe it is perfectly practicable, if there should be a real demand for better vital statistics and if Congress should be actually aroused to the importance of proper registration, to institute a thoroughly cooperative registration service by state authority for the collection of the data under Federal supervision for the precision of methods and results, that could be made to cover the entire United States within a brief period, and that would prove practical and effective in operation.